

269821

DeSanty, Tricia

From: Sallie Harrell <sharrell@healthdistrictkc.org>
Sent: Tuesday, April 25, 2017 11:07 AM
To: Schmieding, Janice; DeSanty, Tricia
Cc: Allen, Tom; Chauvin, Carole; Vincent Sheheen
Subject: KershawHealth d/b/a The Health Services District of Kershaw County Exemption Request
Attachments: KHExemptionRequest0001.pdf

Good morning Ms. Schmieding and Ms. Desanty:

Please find the attached Request for Exemption on behalf of KershawHealth d/b/a The Health Services District of Kershaw County to the extent that it relates to Regulation 103-153. A hard copy will also be mailed to the Clerk's Office.

Should you have any questions please feel free to contact me.

Best,
Sallie

--
Sarah "Sallie" C. Harrell, MHA
Executive Director
The Health Services District of Kershaw County
(803) 310-9365 office
(803) 243-0851 cell

COPY
Posted: tod
Dept: SA
Date: 4/25/17
Time: 12:05

RECEIVED

APR 25 2017

PSC SC
MAIL / DMS

THE HEALTH
SERVICES
DISTRICT
of Kershaw County



Date: April 25, 2017
To: Members of the Public Service Commission of South Carolina
From: Sarah "Sallie" Harrell, Executive Director - KershawHealth d/b/a The Health Services District of Kershaw County
Subject: **Request a waiver/exemption of Regulation 103-153**

KershawHealth was issued a Class C Non-Emergency Certificate of Public Convenience and Necessity on March 28, 2012. The Docket Number is 2012-84-T and the Certificate Number is 8574.

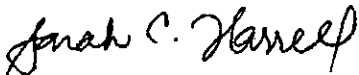
KershawHealth is insured by The Insurance Reserve Fund Division of the S.C. State Fiscal Accountability Authority (IRF). The name of the insured on the policy issued by the Insurance Reserve Fund is KershawHealth.

The name on the Class C Non-Emergency Certificate of Public Convenience and Necessity and the insurance certificate issued by the IRF are both listed as "KershawHealth". Currently, KershawHealth owns and operates one van that is lettered/placarded as "KershawHealth Karesh Long Term Care Center." When an operating entity is insured by the IRF, the operating entity (in this case, Kershaw Health) is considered to be the "parent" entity and the insurance policy issued in the name of the operating entity provides coverage for all other legal entities operating under the "parent" policy. KershawHealth, therefore cannot complete a name change with the Commission.

The reason for this request is because the vehicle used by KershawHealth to transport passengers/patients for compensation is not in compliance with **Regulation 103-153 Marking or Identification of Vehicles**. This regulation states in part that "no carrier regulated by the Public Service Commission shall operate any motor vehicle unless the name, or trade name, place of principal office and PSC I.D. number appear on both sides of such vehicle in letters and figures not less than three (3) inches high."

KershawHealth requests an exemption/waiver of the requirement in Regulation 103-153 for the marking of the vehicle's name as it appears on the certificate of the motor carrier because "KershawHealth Karesh Long Term Care Center" is insured under the "parent" entity, KershawHealth.

Sincerely,



Sarah C. Harrell, Executive Director

KershawHealth d/b/a The Health Services District of Kershaw County

cc: Tom Allen, SC Office of Regulatory Staff (via e-mail)

Carole Chauvin, SC Office of Regulatory Staff (via e-mail)

The Honorable Vincent Sheheen (via e-mail)

*Office of Regulatory Staff
Columbia, South Carolina*



PSC Docket No. 2012-84-T
PSC Order No. 2012-144
PSC/ORS Certificate No. 8574

**CLASS C
NON-EMERGENCY**

**Certificate of Public Convenience and Necessity
For the Operation of
MOTOR VEHICLE CARRIERS**

NAME: KershawHealth
ADDRESS: 1315 ROBERTS STREET, CAMDEN, S.C. 29020
(Mailing Address: P.O. Box 7003, Camden, S.C. 29021)

is hereby authorized to furnish passenger service, by means of motor propelled vehicles, as follows:

BETWEEN POINTS AND PLACES IN SOUTH CAROLINA

RESTRICTED TO SEVEN (7) PASSENGERS

THIS CERTIFICATE is issued upon finding by the Commission, that Public Convenience and Necessity require such operation, under the terms of the Motor Vehicle Carriers' Law (Sections 58-23-10 – 58-23-60 of the South Carolina Code of Laws, 1976, and amendments thereto), and,

CONDITIONED: That all motor vehicles operated by virtue of this Certificate shall be so operated in accordance with the said Motor Vehicle Carriers' Law and the Rules and Regulations issued thereunder, and,

CONDITIONED FURTHER: That neither this Certificate nor the rights granted herein shall be sold, assigned, leased, transferred, mortgaged, pledged, or otherwise hypothecated, unless first approved by the Commission.

DATED at Columbia, South Carolina, this 19th day of MARCH A.D., 2012.

Dawn M. Hipp, Director
Transportation, Telecommunications
Water/Wastewater

Request for Taxpayer Identification Number and Certification

Give Form to the
requestor. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
KershawHealth

2 Business name/disregarded entity name, if different from above
The Health Services District of Kershaw County

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☒ Other (see instructions) ▶ **501(c)3 Not-for-profit Organization & Public Service District of S.C.**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) **3**
Exemption from FATCA reporting code (if any)
(Applies to accounts established outside the U.S.)

5 Address (number, street, and apt. or suite no.)
P.O. Box 1558

6 City, state, and ZIP code
Camden, SC 29021

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--

or
Employer identification number

--	--	--	--	--	--	--	--	--	--

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Max Lingle* Date ▶ **06-02-2016**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). To report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

STATE OF SOUTH CAROLINA				
CERTIFICATE OF TITLE				
VEHICLE ID NUMBER	YEAR	MAKE	MODEL	NEW/USED
1GAZG1FGXC1100434	2012	CHEV	CG3370	NEW
BODY STYLE	DATE ISSUED	ODOMETER	WEIGHT	TITLE NUMBER
SV	01-02-2012	375	6406	770280242342788A
VEHICLE BRAND(S)				
ACTUAL MILEAGE				
FULL NAME OF OWNER(S)			CUSTOMER NUMBER: 032798698	
KERSHAN HEALTH				
1315 ROBERTS ST				
CAMDEN SC 290203737				
THE SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES HEREBY CERTIFIES THAT THE PERSON HEREIN IS REGISTERED BY THIS DEPARTMENT AS THE LAWFUL OWNER OF THE VEHICLE DESCRIBED SUBJECT TO THE LIENS, IF ANY, HEREIN SET FORTH.				
KEVIN A. SHWEDO EXECUTIVE DIRECTOR			MIKKI R. MALEY GOVERNOR	

142894048

POLICY NUMBER	POLICY PERIOD	TYPE OF INSURANCE	COVERAGE
L130285618	01/01/2017-01/01/2018	AUTO LIABILITY	PLAN 6

NAMED INSURED AND ADDRESS	CURRENT DEC PAGE AND SCHEDULE	ACTIVITY
KERSHAWHEALTH POST OFFICE 7003 CAMDEN, SC 29021	AS OF: 04/14/2017 ATTN: SALLIE HARRELL (803) 272-0551	001

COVERAGE PROVIDED UNDER THIS POLICY IS SUBJECT TO THE FOLLOWING FORMS:
CD-20

SCHEDULE

NUMBER OF VEHICLES	RATE PER VEHICLE	PREMIUM	
2	585.00	1,170.00	(SEE AUDIT STATEMENT)

PLAN 6 COVERAGE

SINGLE LIMIT	1,000,000
MEDICAL PAYMENTS (EACH PERSON)	1,000
UNINSURED MOTORISTS	BASIC LIMITS